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ABSTRACT

The document presents the final report of a national study to evaluate the process by which handicapped children were mainstreamed in Head Start programs. Findings related to the following areas of investigation are presented: placement of handicapped children after leaving Head Start, Head Start's role in establishing the new placement, Head Start activities designed to provide new program staff with information concerning the handicapped child, parental assistance provided to ease the transition of the child to a new program, follow-up of the child's adjustment to the new program, and differences in service continuity activities as a function of type of Head Start program organization. Recommendations presented focus primarily on two broad areas: strategies to enhance efforts to insure service continuity to handicapped children, and further investigation into the area of service continuity and its impact on handicapped children. A discussion of sampling strategy, a case follow-up schedule questionnaire, and definitions of post-Head Start placements are appended. (DLS)

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EVALUATION OF THE PROCESS OF MAINSTREAMING HANDICAPPED CHILDREN INTO PROJECT HEAD START

PROGRAM EFFORTS TO ENSURE POST-ENROLLMENT SERVICE CONTINUITY FOR HANDICAPPED CHILDREN IN PROJECT HEAD START

FINAL REPORT

BEST COPY AVAILABLE

March 31, 1978

Prepared for:

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1

INTRODUCTION

Background

The Administration for Children, Youth and Families commissioned a national study to evaluate the process by which handicapped children were mainstreamed in Head Start programs. The purpose of Phase I, the first year of the study, was to identify and describe the services received by handicapped children enrolled in Head Start programs. As an integral part of this effort, an investigation was undertaken to describe Head Start's efforts to facilitate the transition of handicapped children from Head Start to their subsequent program placement. Specifically, the following areas of interest to ACYF were addressed:

- type of placement handicapped children received after leaving Head Start;
- Head Start's role in establishing the new placement;
- Head Start activities designed to provide new program staff with information concerning the handicapped child;
- parental assistance provided by Head Start to ease the transition of the handicapped child to a new program;
- Head Start follow-up of the handicapped child's adjustment to the new program; and
- differences in service continuity activities as a function of type of Head Start program organization.

The purpose of this report is to present study findings related to the above identified areas of investigation, and to offer recommendations which will promote Head Start efforts to provide continuity of services.

Importance of Service Continuity

From the inception of Head Start, grantees have been charged with the responsibility to provide children with a program that "enables these children to experience developmental continuity that will span the early childhood years and bridge the transition from preschool to school."[1/]

Office of Child Development Transmittal Notice 73.4 on Services to the Handicapped underscores the requirement for Head Start grantees to be actively involved in "continuity of services, after the child leaves Head Start (linkages to schools, health delivery systems, etc.)"[2/] Both the Third and Fourth Annual Reports to Congress on services provided to handicapped children in Head Start reiterate the fundamental concern of ACYF "that handicapped children leaving Head Start continue their mainstream experience when they enter public school as well as having (sic) access to needed special services."[3/]

Head Start places special emphasis on service continuity for handicapped children, because developmental progress is contingent upon consistency in remediation and intervention services. A one

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1/ Third Annual Report of the U.S. Department of Health, Education and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start. Washington, D.C., 1975, pg. 18.

2/ Office of Child Development Transmittal Notice (N-30-333-1-30) Head Start Services to the Handicapped, pg. 11.

3/ Fourth Annual Report of the U.S. Department of Health, Education, and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start. Washington, D.C., 1976, pg. 22.

or two year program is not, in and of itself, usually sufficient to remediate handicaps which impact upon the normal growth and development of a child. The potential long range effects Head Start has on a child's development cannot be realized unless positive action is taken to avoid discontinuity of services necessary to insure that each Head Start enrollee can compete successfully in his/her school and neighborhood environment.

Organization of this Report

The chapter which follows details the study methodology. The description of Head Start service continuity processes and activities and the analysis of relationships between Head Start and public agencies are discussed in Chapter 3. Recommendations as to how Head Start may be more effective in meeting its objectives to provide for service continuity are presented in Chapter 4.

2

METHODOLOGY

The sample for this study included 312 handicapped children who were enrolled in Head Start during the 1976-77 program year. Selected from a nationally representative sample of 55 programs, these children were the same children who were included in the first phase of Applied Management Sciences' two-year study to evaluate Head Start services to the handicapped.[1/]

Because the objectives of the Phase I study required Applied Management Sciences to establish a sample that was evenly distributed by primary handicapping condition,[2/] the 312 children investigated in this report are not representative of the population of handicapped children generally served in Head Start. For example, 5.8 percent of all handicapped children enrolled in Head Start are mentally retarded and 48 percent are

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1/ The total sample upon which the Phase I Report was developed included 269 children. The 312 children in the present study include these same 269 children plus 43 others that were originally selected for the Phase I sample but for various reasons had to be excluded from the original sample.

2/ Classification of primary handicap was as follows: blind/visually impaired, deaf/hearing impaired, physically handicapped, health or developmentally impaired, mentally retarded, speech impaired, emotionally disturbed, and learning disabled.

speech impaired.[1/] In the Phase I sample, however, 13 percent of the subjects were classified as mentally retarded and only 22 percent were classified as speech impaired. Similar disparities exist for other handicapping conditions. In general, then, the 312 children included in the present study overrepresent handicapping conditions that are usually associated with severe disability[2/] relative to the overall handicapped population enrolled in Head Start.

A complete discussion of the sampling strategy used to select the Phase I sample may be found in Appendix A.

Study Questionnaire

Data concerning Head Start efforts to promote service continuity for the handicapped were collected by means of a 12-item structured questionnaire developed by Applied Management Sciences. The questionnaire addressed five basic information areas: 1) the nature of the child's new program placement; 2) Head Start's role in establishing the new placement; 3) activities undertaken by Head Start to provide staff in the new program with information concerning the child; 4) parental assistance provided by Head Start to locate an appropriate placement; and 5) Head Start efforts to follow up the child's transition and adjustment to the new program. A copy of the questionnaire is included in Appendix B.

1/ Fourth Annual Report of the U.S. Department of Health, Education and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start. Washington, D.C., 1976.

2/ Only 22.7 percent of the children in the Phase I sample were described as mildly impaired as compared to 39 percent of the overall Head Start handicapped population.

Data Collection

Questionnaires were completed through personal interviews with Head Start program staff during the fall of 1977 as part of the Phase II data collection effort. Field staff were responsible for locating the Head Start staff person, usually the program director or handicapped coordinator, who had current knowledge of children included in the Phase I study. Children were identified through coded rosters maintained by Head Start staff (see Appendix A). If Head Start staff had no knowledge of a child's current placement, or the child was still enrolled in Head Start, the interview was terminated. No attempt was made to determine why Head Start staff was not familiar with the new placement or why a child was still enrolled in Head Start.

Data Processing and Analysis

The completed questionnaires were returned to Applied Management Sciences where they were manually edited, and checked for consistency and missing data. This initial check permitted resolution of errors via telephone contact with the Head Start staff member who had been interviewed. Edited and coded questionnaires were keypunched and data were entered onto magnetic tape.

The data were analyzed using bivariate and one-way frequency distributions.

Study Limitations

Because "confidentiality of data" restrictions precluded a longitudinal system of records for the Phase I sample, it was not possible to determine which of the 269 children actually included in the Phase I sample were among the 312 children investigated in the present study (see footnote 1, p. 2.1). Therefore, it is impossible to relate service continuity data to data collected during Phase I. As a result, certain issues that would have been useful to investigate cannot be addressed within the context of

this report. For example, it may be that the degree of effort to ensure service continuity varies as a function of the type and/or severity of a child's handicap. Data pertaining to this and other issues must await a more comprehensive study of service continuity.

Similarly, the focus of this study was primarily a description of the nature and frequency of Head Start service continuity activities provided to handicapped children. The adequacy and effectiveness of Head Start efforts to share information with other agencies was not examined. For example, the area of Head Start conference participation with new program staff was investigated, but the actual content, process, and results of such activities were not explored. Additionally, no information was collected relating to the content and usefulness of the files which were passed on to new programs. While the relative frequency of activities designed to facilitate a child's transfer to a different program setting was investigated, the quality of these interactions could not be determined within the scope of this study.

3

FINDINGS

In order to determine to what degree Head Start programs were involved in efforts to insure continuity of services to handicapped children, data were collected concerning the following issues:

- placements of handicapped children after Head Start;
- Head Start's role in establishing the new placement;
- Head Start activities designed to provide information for staff at the new program;
- parental assistance provided by Head Start to ease the transition of the handicapped child to a new program; and
- Head Start follow-up of the handicapped child's adjustment to the new program.

ACYF has not developed national performance standards or enabling objectives which define the parameters of Head Start's required performance in the area of providing continuity of program services for handicapped children. ACYF's most specific issuance related to this is contained in Transmittal Notice 73.4 (see pg. 1.2 of this report). Although ACYF has sponsored several training and technical assistance efforts related to Head Start's development of interagency cooperation, none of these efforts has directly emphasized the area of service continuity. Moreover the training

and technical assistance activities have tended to be regional and are not, in general, available to Head Start programs on a national basis. Finally, Program Account 26 monies have not been earmarked specifically for activities related to providing service continuity.

The findings presented within this chapter must be examined in light of these factors. The activities related to service continuity for handicapped children which were investigated in this study are not mandated directly by the Head Start Program Performance Standard nor are they referenced in any guides issued by ACYF. These service continuity activities were identified by Applied Management Sciences with the approval of ACYF as indicators of Head Start's efforts to insure service continuity to handicapped children.

Study results pertaining to each service continuity activity are discussed below.

PLACEMENT OF HANDICAPPED CHILDREN AFTER HEAD START

As reflected in Table 1, 83 of the 312 handicapped children remained enrolled in Head Start for an additional program year. Of the 229 children who left Head Start, 176 were enrolled in public school programs, six were in non-public school programs, and the remaining 41 either had moved away, were not enrolled in any program, or program staffs were unaware of their current situation.

Of those children who entered the public school system, 103 were placed in regular public school classrooms without resource room assistance (Table 2).[1/] Another 18 were assigned to classrooms that did provide resource room assistance; 28 were in self-contained classrooms (all handicapped students); and three were enrolled in mainstreamed classrooms.

1/ Of the 229 handicapped children who did not remain in Head Start, completed data were collected on 227. Of these 227 cases, placements were known for 180. These 180 children represent the data base for most analyses in this chapter. When appropriate, limited analyses are conducted which include the 227 cases for which complete data (other than placement information) are available.

TABLE 1

DISPOSITION OF PHASE I HANDICAPPED CHILDREN

Disposition	
Remained in Head Start	26.6 (N=83)
Placed in Public Schools	56.4 (N=176)
Special Programs (outside public school system)	1.9 (N=6)
Other Programs[1/]	1.9 (N=6)
Moved Away From Area	5.8 (N=18)
No Program	1.3 (N=4)
Unknown/No Response	6.1 (N=19)
Total	100.0 (N=312)

[1/] This includes programs such as day care, church school, Montessori and Community Mental Health Centers.

TABLE 2

FALL 1977 PLACEMENT OF PHASE I HANDICAPPED CHILDREN NO LONGER ENROLLED IN HEAD START[1/]

Placement[2/]	% of Total
Public School - placement unknown	9.7 (N=22)
Public School - regular classroom	45.4 (N=103)
Public School - resource room assistance	7.9 (N=18)
Public School - mainstreamed class	1.3 (N=3)
Public School - self-contained class	12.3 (N=28)
Entered Special Program (outside of public school system)	2.6 (N=6)
Moved away from area	7.9 (N=18)
Not enrolled in any program	1.8 (N=4)
Unknown/No Response	8.4 (N=19)
Other Programs	2.6 (N=6)
Total	100.0 (N=227)

1/ Two of the 229 Case Follow-up Schedules were completed inaccurately and could not be included in further analyses, therefore the data base includes information on 227.

2/ Definitions of these placements are included in Appendix C.

The large number of children assigned to regular classrooms without resource assistance raises some interesting questions. Superficially it would seem that a regular public school classroom without the availability of resource assistance is not an appropriate placement for handicapped children. However, there are a number of reasons why such a placement may have occurred:

- the specific nature of the handicap did not require a more specialized placement (e.g., certain health impairments, mild visual and hearing impairments, etc.);
- Head Start program participation provided the necessary social and self-help skills to permit a child to participate in a normal classroom context;
- differential diagnostic criteria were utilized between Head Start and the public school systems;
- an alternative public school placement was unavailable 1/; and/or
- handicaps identified by Head Start were transitory and/or of marginal severity (which is, in part, related to the difficulty in diagnosing certain handicaps in preschool children).

The data from this study do not allow an assessment as to which of the reasons cited above best explains the placement of so large a number of former Head Start handicapped enrollees in regular public school classrooms. No doubt, each contributes in some measure. Further investigation in this area will be required to better understand the dynamics of the post-Head Start placement process.

1/ At least two children in regular classrooms were there pending openings in more specialized placement settings.

HEAD START'S ROLE IN ESTABLISHING THE NEW PLACEMENT

Of the 180 handicapped children with known post-Head Start placements, Head Start initiated referrals[1/] for 80. (See Table 3.) An examination of the placements of the handicapped children who were referred reveals that of the 18 children who were placed in regular classes with resource room assistance, 10 were referred. Of the three children in special classes with a mainstreaming component, two were referred by Head Start. Of 28 children placed in self-contained classes, 24 were referred by Head Start. All six children placed in special programs were referred by Head Start. Consequently, it appears that children placed in more specialized environments in the schools were more likely to be referred by Head Start for placement than those children who were placed in regular classrooms.

It should be noted, though, that whether Head Start programs actively refer children for placement may or may not be an important consideration in an investigation of service continuity efforts. Several programs indicated that a referral process was not part of their plans for ensuring service continuity because they had established regular linkages with public school systems that made referrals unnecessary. That is, Head Start children leaving these particular programs were routinely placed by the public schools with Head Start assistance.[2/]

[1/] A "referral" is defined as any activity undertaken by Head Start staff to contact an agency or public school system to inform personnel responsible for program admission that a child currently enrolled in Head Start may be eligible to receive special education and/or related services from the agency or school in question.

[2/] Although information is available from interviewer notes only, it does not appear that programs with routine public school linkages are more often those Head Start grantees or delegates affiliated with public school systems. See page 3.26 for more detailed data concerning the association between Head Start program affiliation and service continuity efforts.

TABLE 3

HEAD START'S ROLE IN REFERRING HANDICAPPED CHILDREN AS IT RELATES TO SCHOOL PLACEMENT 1/

Head Start Referred Child	Total Referrals	SCHOOL PLACEMENT					OTHER PLACEMENTS
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Yes	44.4 (N=80)	28.2 (N=29)	55.6 (N=10)	66.7 (N=2)	85.7 (N=24)	40.9 (N=9)	100.0 (N=6)
No	55.6 (N=100)	71.8 (N=74)	44.4 (N=8)	33.3 (N=1)	14.3 (N=4)	59.1 (N=13)	*
Total	100.0 (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

*N=0

1/ This table does not include the children who left Head Start for reasons other than Public School or Special Program placement (moved away, not enrolled in any program, whereabouts unknown).

HEAD START ACTIVITIES WHICH PROVIDE INFORMATION FOR STAFF AT THE NEW PROGRAM

This section presents findings related to Head Start activities to ease the child's transition to the new public school or special program. The communication and information sharing with the new program and special service providers was selected as an indicator of efforts to facilitate the child's transition from Head Start. The specific activities examined included:

- coordinating information sharing between the new program staff and special service providers who worked with the handicapped child enrolled in Head Start;
- sharing children's records and files with the new program;
- participating in conferences;
- inviting new program staff to observe the handicapped child in the Head Start setting; and
- developing additional service continuity transition plans.

Coordination of Information Sharing

Data related to coordination of information sharing were obtained from 130 cases in which handicapped children were receiving special services related specifically to their handicaps while enrolled in Head Start.[1/] In cases where additional services were provided, a variety of professionals are often involved, (i.e., occupational and physical therapists, physicians, psychologists, etc.) Often these professionals are not directly affiliated with

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[1/] These 130 cases include only those children who received special services directly related to their handicapping condition during their Head Start enrollment and were subsequently enrolled in a new program of services. Special services were defined to exclude general educational services children might receive as part of their Head Start experience plus other health, social, and nutritional services that were provided to all Head Start enrollees. In other words, services as defined in this instance generally were provided by professional specialists because of the child's specific disabilities.

the Head Start program, and in such instances it is important for information from all these sources to be compiled and passed on to the new program. That is, coordination of information among a variety of service providers is a necessity in Head Start efforts to assure that all relevant information about a particular handicapped child is available to new program staff. Therefore, Head Start's role in coordinating this information and sharing it with the new program was examined.

As Table 4 indicates, Head Start programs reported that in a substantial majority of cases they coordinated information sharing between Head Start service providers and new program staff when this was an appropriate activity to consider. The level of this activity was more pronounced the more specialized the placement setting, but the cell sizes are too small to allow for this trend to achieve substantive significance. In light of the previous discussion concerning the placement of children in regular public school classrooms, it is interesting to note that level of information coordination reported for this placement category is not markedly different from other placement options.

Sharing of Records

An additional indicator of Head Start staff efforts to share information was reflected in their transfer of child-specific files to receiving school districts. Of 227 cases, 124 were transferred to the new program. Of these 124, 106 files were offered voluntarily by Head Start to the receiving program. In 18 of these 124 cases Head Start was requested by the new program to transfer the files. (See Table 5).

Table 6 shows how files were accessed for handicapped children enrolled in known placement settings after Head Start. This table suggests Head Start efforts in this area were fairly consistent across placement settings. Children placed in regular public school classrooms exhibited a slight trend to have their files forwarded less often than children in other placement settings.

TABLE 4

PROPORTION OF HANDICAPPED CHILDREN FOR WHOM HEAD START COORDINATED INFORMATION SHARING WITH NEW PROGRAM STAFF BY PLACEMENT OF HANDICAPPED CHILDREN[1/]

Head Start Coordination of Information Sharing	Total % of Column	PUBLIC SCHOOL PLACEMENT					OTHER PLACEMENTS
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Yes	76.9 (N=100)	75.6 (N=56)	86.7 (N=13)	100.0 (N=3)	81.8 (N=18)	60.0 (N=6)	66.7 (N=4)
No	16.2 (N=21)	17.6 (N=13)	6.7 (N=1)	*	18.2 (N=4)	30.0 (N=3)	*
Unknown/No Response	6.9 (N=9)	6.8 (N=5)	6.7 (N=1)	*	*	10.0 (N=1)	33.3 (N=2)
Total	100.0 (N=130)	100.0 (N=74)	100.0 (N=15)	100.0 (N=3)	100.0 (N=22)	100.0 (N=10)	100.0 (N=6)

*N=0

[1/] This table includes only those children for whom Head Start provided special services beyond a basic educational plan that were related specifically to their disabilities and who were enrolled in program of services (N=130)

TABLE 5

TRANSFER OF FILES FROM HEAD START TO CHILD'S NEW PROGRAMS

Manner in Which Files Were Accessed	% of Total
Files Volunteered by Head Start	46.7 (N=106)
Files Requested by New Program	7.9 (N=18)
Files Not Transferred	39.6 (N=90)
Unknown/ No Response	5.7 (N=13)
Total	100.0 1/ (N=227)

1/ Includes all children who were no longer enrolled in Head Start including those whose new program placement was unknown.

TABLE 6

HEAD START'S ROLE IN TRANSFERRING FILES FOR HANDICAPPED CHILDREN
BY HANDICAPPED CHILDREN'S CURRENT PLACEMENT

MANNER IN WHICH FILES WERE ACCESSED	Total % of Column	SCHOOL PLACEMENT					OTHER PLACEMENTS
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-Contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Volunteered	55.6 (N=100)	46.6 (N=48)	55.5 (N=10)	100.0 (N=3)	75.0 (N=21)	68.2 (N=15)	50.0 (N=3)
Were Requested	8.3 (N=15)	6.8 (N=7)	16.7 (N=3)	*	14.3 (N=4)	*	16.7 (N=1)
Files Not Transferred	32.2 (N=58)	42.7 (N=44)	22.2 (N=4)	*	10.7 (N=3)	27.3 (N=6)	16.7 (N=1)
Unknown/No Response	3.9 (N=7)	3.9 (N=4)	5.5 (N=1)	*	*	4.5 (N=1)	16.7 (N=1)
Total	100.0[1/] (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

*N=0

[1/] Includes only children with known post-Head Start placements.

3.12

Participation in Conferences

The extent to which Head Start participated in conferences with public school staff is another indicator of cooperation and information coordination. As identified in Table 7, of 180 possible cases, conference participation occurred for 45 percent. The tendency to hold conferences or not to hold conferences was similar for most placement categories. Where apparent differences emerge (see the ratios within columns for Special Class Mainstreaming and Special Program) the actual number of cases is too small to justify an interpretation.

Inviting Preplacement Observations

Table 8 includes the number of cases in which Head Start invited the new program staff to observe the handicapped child in the Head Start classroom. In only 31 of 227 cases did Head Start invite such observations. One factor which could explain this is related to logistical and scheduling problems inherent in any interagency collaborative effort. For example, Head Start classes are usually scheduled at the same time as those of the public schools. Therefore, if the public school teacher wants to observe in the Head Start classroom, he/she must be given release time in order to do so. Giving the public school teacher release time requires hiring a substitute to take over his/her class. These types of problems undoubtedly contribute to the low incidence of visits, and this also undoubtedly affects the number of invitations which were issued.

In addition, teacher/pupil assignments are often made too late in the year to permit staff from a child's new program to conduct observations on the child before the conclusion of the Head Start program year.

Additional Service Continuity Activities

The Case Follow-up Schedule included a final question concerning Head Start's role in the transition process. This question

TABLE 7

HEAD START STAFF PARTICIPATION IN CONFERENCES RELATED TO THE SCHOOL PLACEMENT OF HANDICAPPED CHILDREN 1/

HEAD START CONFERENCE PARTICIPATION	Total % of Column	SCHOOL PLACEMENT					OTHER PLACEMENTS
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-Contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Yes	45.0 (N=81)	44.7 (N=46)	50.0 (N=9)	66.7 (N=2)	53.6 (N=15)	22.7 (N=5)	66.7 (N=4)
No	45.0 (N=81)	45.6 (N=47)	50.0 (N=9)	33.3 (N=1)	46.4 (N=13)	45.5 (N=10)	16.7 (N=1)
Unknown/No Response	10.0 (N=18)	9.7 (N=10)	*	*	*	31.8 (N=7)	16.7 (N=1)
Total	100.0 (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

N=0

1/ This table does not include the 47 children who left Head Start for reasons other than public school or special program placement (moved away, not enrolled in any program, whereabouts unknown); however, these 47 children are included in Table 8.

TABLE 8

NEW PROGRAM STAFF INVITED TO OBSERVE CHILD IN HEAD START

Observations Invited	% of Total
Yes	13.7 (N=31)
No	70.9 (N=161)
Unknown/No Response	15.5 (N=35)
Total	100.0[1/] (N=227)

[1/] Includes all children who were no longer in Head Start including those whose new program placement was unknown.

asked whether Head Start made any additional plans to facilitate program transition. Such activities could include:

- Head Start staff accompanying the parent and child the first day of the new program;
- Head Start teacher sharing techniques which worked well with the handicapped child; and/or
- the handicapped child visiting the new program while he/she is still enrolled in Head Start.

As Table 9 indicates, in one-half to two-thirds of the cases in which children were assigned to other than regular classrooms, Head Start programs reported that additional plans had been developed to facilitate the transition. In general, Head Start programs were more likely to report the existence of these plans when a handicapped child was given a more specialized placement.

ASSISTANCE TO PARENTS

From the data presented in Table 10 it can be seen that in 110 cases Head Start provided assistance to parents in establishing a placement for their handicapped child. The data indicate that Head Start was more likely to assist the parents of a handicapped child in finding a placement if the child was eventually placed in a specialized setting.

From comments made by Head Start staff to interviewers, assistance to parents involved efforts such as alerting parents to the type of placement that, in the opinion of Head Start staff, would best meet the needs of their children, making parents aware of the officials they should contact to obtain placement for their children, and providing to parents copies of files and records related to the children's Head Start enrollment.

INQUIRY INTO HANDICAPPED CHILDREN'S ADJUSTMENT

The number of cases in which Head Start programs followed up handicapped children's adjustment to a new placement is almost equal to those in which it did not. When examined by type of placement, follow-ups were made in 21 out of 28 cases in which the

TABLE 9

HEAD START ASSISTANCE WITH PROGRAM TRANSITION BY TYPE OF PLACEMENT[1/]

Special Transition Plan Developed	Total Assisted	SCHOOL PLACEMENT					OTHER PLACEMENTS
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-Contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Yes	46.6 (N=84)	42.7 (N=44)	50.0 (N=9)	66.7 (N=2)	60.7 (N=17)	40.9 (N=9)	50.0 (N=3)
No	49.4 (N=89)	53.4 (N=55)	44.4 (N=8)	33.3 (N=1)	39.3 (N=11)	54.5 (N=12)	33.3 (N=2)
Unknown/No Response	6.5 (N=7)	3.9 (N=4)	5.6 (N=1)	*	*	4.5 (N=1	16.7 (N=1)
Total	100.0 (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

*N-0

[1/] This table does not include the 47 children who left Head Start for reasons other than public school or special program placement (moved away, not enrolled in any program, whereabouts unknown).

3.17

TABLE 10

HANDICAPPED CHILDREN PREVIOUSLY ENROLLED IN HEAD START WHOSE PARENTS WERE ASSISTED BY HEAD START IN CHILD'S PLACEMENT 1/

HEAD START ASSISTANCE TO PARENTS	Total	SCHOOL PLACEMENT					OTHER PLACEMENTS
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-Contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Yes	61.1 (N=110)	54.4 (N=56)	61.1 (N=11)	66.7 (N=2)	78.6 (N=22)	63.6 (N=14)	83.3 (N=5)
No	34.4 (N=62)	39.8 (N=41)	38.9 (N=7)	33.3 (N=1)	21.4 (N=6)	27.3 (N=6)	16.7 (N=1)
Unknown	4.4 (N=8)	5.8 (N=6)	*	*	*	9.1 (N=2)	*
Total	100.0 (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

*N-0

1/ This table does not include the 47 children who left Head Start for reasons other than public school or special program placement (moved away, not enrolled in any program, whereabouts unknown).

handicapped child was assigned to a "Special Class-Self-Contained" setting (Table 11). All six children who were placed in "Special Programs" were followed-up. Again, Head Start's tendency to follow up more closely those handicapped children who were placed in specialized settings is evident.

TABLE 11

HEAD START FOLLOW-UP OF HANDICAPPED CHILDREN'S ADJUSTMENT RELATED TO SCHOOL PLACEMENT 1/

HEAD START FOLLOW-UP	Total Follow-up	SCHOOL PLACEMENT					OTHER PLACEMENTS
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-Contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Yes	50.0 (N=90)	49.5 (N=51)	44.4 (N=8)	66.7 (N=2)	75.0 (N=21)	9.1 (N=2)	100.0 (N=6)
No	43.3 (N=78)	44.7 (N=46)	55.6 (N=10)	33.3 (N=1)	25.0 (N=7)	63.6 (N=14)	*
Unknown/No Response	66.6 (N=12)	5.8 (N=6)	*	*	*	27.3 (N=6)	*
Total	100.0 (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

*N-0

1/ This table does not include the 47 children who left Head Start for reasons other than public school or special program placement (moved away, not enrolled in any program, whereabouts unknown).

COMPREHENSIVENESS OF HEAD START SERVICE CONTINUITY EFFORTS

The preceding sections of this chapter have described Head Start service continuity activities individually with respect to program placement. In general, these data have indicated that Head Start programs are doing remarkably well in undertaking service continuity activities despite the absence of performance standards from ACYF. However, activities examined individually do not present a picture of the comprehensiveness of service continuity activities. That is, how many continuity activities are undertaken for a particular child? The purpose of the data presented in this section is to attempt to answer this important question.

Table 12 presents the number of specific service continuity activities children receive as a function of their new placement. Seven activities were counted for this purpose: 1) development of special transition plans; 2) forwarding of files and records, 3) conducting preplacement conferences; 4) inviting preplacement classroom observations; 5) assisting parents; 6) following up of child's adjustment; and 7) coordinating information sharing between new program staff and Head Start service providers. Specifically excluded from the activities considered in Table 12 are referral activities. As indicated earlier, the importance of referrals cannot be ascertained from this study, and there is reason to believe that referral process may have little to do with the quality of Head Start service continuity efforts in certain programs. Therefore, for the purposes of Table 12, this activity component was not counted.

As the data in Table 12 indicate, 59 of the 180 children considered were provided with five or more specific service continuity activities (32.7%). Forty-five of 180 received only one or two specific services (25.0%) and only 19 received no services.

In terms of the comprehensiveness of service continuity efforts by type of program placement, children in self-contained public

TABLE 12

NUMBER OF SPECIFIC SERVICE CONTINUITY ACTIVITIES UNDERTAKEN BY HEAD START STAFF, BY PLACEMENT OF HANDICAPPED CHILDREN

NUMBER OF SERVICE CONTINUITY ACTIVITIES	Total % of Column	Public School Placements					Other Placements
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-Contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
0	10.6 (N=19)	11.7 (N=12)	*	*	7.1 (N=2)	22.7 (N=5)	*
1	10.6 (N=19)	14.6 (N=15)	*	*	7.1 (N=2)	9.1 (N=2)	*
2	14.4 (N=26)	14.6 (N=15)	27.8 (N=5)	33.3 (N=1)	10.7 (N=3)	4.5 (N=1)	16.7 (N=1)
3	16.1 (N=29)	13.6 (N=14)	16.7 (N=3)	*	7.1 (N=2)	45.5 (N=10)	*
4	15.6 (N=28)	17.5 (N=18)	22.2 (N=4)	*	7.1 (N=2)	13.6 (N=3)	16.7 (N=1)
5	15.0 (N=27)	16.5 (N=17)	22.2 (N=4)	*	7.1 (N=2)	4.5 (N=1)	50.0 (N=3)
6	8.8 (N=16)	3.9 (N=4)	11.1 (N=2)	66.7 (N=2)	25.0 (N=7)	*	16.7 (N=1)
7	8.8 (N=16)	7.8 (N=8)	*	*	28.6 (N=8)	*	*
Total	100.0 (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

*Activities included in this table are 1) special transition plans, 2) forwarding of files and records, 3) preplacement conferences, 4) preplacement class observations, 5) assistance to parents, 6) follow-up of chile in new program, 7) coordination of information sharing between new program staff and Head Start service providers.

classes received the most comprehensive continuity efforts (17 of 28 with 5 or more activities), while children with unknown public school placements or regular classroom placements were most likely to receive the least comprehensive continuity efforts (8 of 22 and 42 of 103 with two or fewer activities, respectively).

With respect to children placed in regular classrooms without resource room assistance, though, it should be pointed out that some children in this group received extensive service continuity efforts. Twenty-eight percent of this group received five or more services. This finding underscores earlier discussions which pointed out difficulties in ascertaining the reasons for placing handicapped children in regular classroom placements and reinforces the need for additional investigation to properly understand the dynamics of the placement process. Based on the data in Table 12, it would appear that some children are placed in regular public school classrooms only after careful consideration of their specific needs while others are placed in this setting with little coordination with Head Start personnel.

Table 13 examines service comprehensiveness from another perspective. Rather than examining numbers of activities conducted, Table 13 examines specific configurations of activities. The same seven activities counted in Table 12 were also used to develop Table 13.

The logic underlying the activity configurations in Table 13 is as follows. The essential activities in service continuity efforts are those which make available to new program staff the files, records, and other information related to the services children received in Head Start. Therefore, the five service activity configurations were developed to reflect a continuum of activity configurations from an optimal information-sharing process (complete service continuity activity) to a minimum acceptable level of information-sharing to insure service continuity (transfer of files,

TABLE 13

COMPREHENSIVENESS OF HEAD START EFFORTS TO PROMOTE SERVICE CONTINUITY BY PLACEMENT OF HANDICAPPED CHILDREN*

COMPREHENSIVENESS OF SERVICE CONTINUITY EFFORTS	Total % of Column	Public School Placements					Other Placements
		Regular Class % of Column	Regular Class Resource Room Help % of Column	Special Class Mainstreaming % of Column	Special Class Self-Contained % of Column	Public School Placement Unknown % of Column	Special Program % of Column
Complete service continuity activity	8.8 (N=16)	7.9 (N=8)	*	*	28.6 (N=8)	*	*
All service continuity activities except class observations	5.6 (N=10)	1.9 (N=2)	11.1 (N=2)	66.7 (N=2)	10.7 (N=3)	*	16.7 (N=1)
All service continuity activities except class observations/special transition plans	1.6 (N=3)	1.0 (N=1)	*	*	3.6 (N=1)	*	16.7 (N=1)
All service continuity activities except class observations, preplacement conferences, special transition plans	1.6 (N=3)	1.0 (N=1)	5.6 (N=1)	*	*	*	16.7 (N=1)
Transfer of files, follow-up of transition, and coordination of information from service providers only	3.3 (N=6)	5.8 (N=6)	*	*	*	*	*
Other	78.9 (N=142)	82.5 (N=85)	83.3 (N=15)	33.3 (N=1)	57.1 (N=16)	100.0 (N=22)	54.0 (N=3)
Total	100.0 (N=180)	100.0 (N=103)	100.0 (N=18)	100.0 (N=3)	100.0 (N=28)	100.0 (N=22)	100.0 (N=6)

*Activities included in this table are 1) development of special transition plans, 2) forwarding files and records, 3) replacement conferences, 4) preplacement class observations, 5) assistance to parents, 6) follow-up of child in new program, 7) coordination of information sharing between new program staff and Head Start service providers.

follow-up, and coordination of information between new program staff and Head Start service providers. It must be pointed out that the residual category "other" includes a number of children who received extensive continuity services as well as those who received limited services. However, the five activity configurations are so structured that children not included in one of the five categories can be identified as children who were missing at least one important service with respect to service continuity (as defined by the authors and ACYF).

As the data in Table 13 indicate, most children did not receive at least one important service related to program continuity. This, of course, is not surprising because of the lack of specific procedures available to Head Start programs to structure their continuity efforts, and the general lack of a tradition of interagency cooperation in education. Possibly the best interpretation of the data provided in Table 13 is that while most Head Start programs engage in service continuity efforts, these efforts are not systematically structured at this time.

RELATIONSHIP OF HEAD START PROGRAM AFFILIATION AND SERVICE CONTINUITY ACTIVITIES

As a final issue for consideration, ACYF was interested whether the type of Head Start grantee or delegate agency makes a difference with respect to service continuity efforts. Specifically, some grantees and/or delegates are affiliated with local public school systems.[1/] Because the public schools are the most likely post-Head Start placement for handicapped children, it was considered reasonable to expect that service continuity efforts would more likely occur in instances in which a Head Start program was a part of a public school system. Data pertaining to this issue are presented in Table 14.

Small cell sizes preclude the identification of clear trends in service continuity activities with respect to program affiliation. However, the data available indicate that insofar as specific continuity activities are concerned, program affiliation is of little consequence. Children placed in regular public school classrooms evidence slightly more continuity service on their behalf if they were previously enrolled in a Head Start program associated with public school systems, but as the placement settings become more specialized, this advantage disappears.

1/ There were 69 children in the study sample who were enrolled in Head Start programs affiliated with public school systems. Fifty-nine of these children were no longer in Head Start at the time of data collection, and of these 59 students, complete placement data were available for 51. The sample of programs included 15 that were affiliated with public school systems either as grantees or delegate agencies (27% of the program sample) for the present study.

TABLE 14

HEAD START SERVICE CONTINUITY ACTIVITIES BY PLACEMENT OF HANDICAPPED CHILDREN AND WHETHER HEAD START PROGRAM WAS AFFILIATED WITH PUBLIC SCHOOL SYSTEM

SERVICE CONTINUITY ACTIVITIES	Total		Public School Placements										Other Placements	
			Regular Class		Regular Class Resource Room Help		Special Class Mainstreaming		Special Class Self-Contained		Public School Placement Unknown		Special Program	
	Public School Affiliation	Other Agency Affiliation	Public School Affiliation	Other Agency Affiliation	Public School Affiliation	Other Agency Affiliation	Public School Affiliation	Other Agency Affiliation	Public School Affiliation	Other Agency Affiliation	Public School Affiliation	Other Agency Affiliation	Public School Affiliation	Other Agency Affiliation
Head Start referral	51.0 (N=26)	41.9 (N=54)	37.0 (N=10)	25.0 (N=19)	25.0 (N=1)	64.2 (N=9)	100.0 (N=2)	*	83.3 (N=5)	86.3 (N=19)	60.0 (N=6)	25.0 (N=3)	100.0 (N=2)	100.0 (N=4)
Transfer of files	74.5 (N=38)	59.7 (N=77)	66.6 (N=18)	48.7 (N=37)	100.0 (N=4)	64.2 (N=9)	100.0 (N=2)	100.0 (N=1)	83.3 (N=5)	90.9 (N=20)	70.0 (N=7)	66.6 (N=8)	100.0 (N=2)	50.0 (N=2)
Conference participation	56.8 (N=29)	40.3 (N=52)	70.4 (N=19)	35.5 (N=27)	50.0 (N=2)	50.0 (N=7)	100.0 (N=2)	*	66.6 (N=4)	50.0 (N=11)	10.0 (N=1)	33.3 (N=4)	50.0 (N=1)	75.0 (N=3)
Assistance to parents	62.7 (N=32)	60.4 (N=78)	51.9 (N=14)	55.2 (N=42)	75.0 (N=3)	57.1 (N=8)	100.0 (N=2)	*	83.3 (N=5)	77.3 (N=17)	60.0 (N=6)	66.6 (N=8)	100.0 (N=2)	75.0 (N=3)
Follow-up of transition	60.8 (N=31)	45.7 (N=59)	74.1 (N=20)	40.0 (N=31)	50.0 (N=2)	42.9 (N=6)	100.0 (N=2)	*	50.0 (N=3)	81.8 (N=18)	20.0 (N=2)	*	100.0 (N=2)	100.0 (N=4)
Development of special transition plans	58.8 (N=30)	41.7 (N=51)	55.5 (N=15)	38.1 (N=29)	25.0 (N=1)	57.1 (N=8)	100.0 (N=2)	*	83.3 (N=5)	54.5 (N=12)	60.0 (N=6)	25.0 (N=3)	50.0 (N=1)	50.0 (N=2)
Coordination of information sharing	56.8 (N=29)	55.0 (N=71)	63.0 (N=17)	51.3 (N=39)	100.0 (N=4)	64.2 (N=9)	100.0 (N=2)	100.0 (N=1)	83.3 (N=5)	59.1 (N=13)	*	50.0 (N=6)	50.1 (N=1)	75.0 (N=3)
Totals	N=51	N=129	N=27	N=76	N=4	N=14	N=2	N=1	N=6	N=22	N=10	N=12	N=2	N=4
	N=180[1/]		N=103		N=18		N=3		N=28		N=22		N=6	

[1/] Includes only children with known post-Head Start placements.

4

CONCLUSIONS AND RECOMMENDATIONS

This chapter summarizes the findings and conclusions of the study. Recommendations are presented which focus on actions ACYF might take to enhance the service continuity efforts of Head Start. Recommendations primarily focus on two broad areas:

- strategies ACYF and local Head Start programs can adopt to enhance efforts to insure service continuity to handicapped children; and
- further investigation/research into the area of service continuity and its impact on handicapped children.

While guidelines have not defined specific service continuity activities nor provided program standards for Head Start efforts in this area, the data[1/] from this study indicate that local Head Start programs, in many cases, have done a remarkable job in undertaking activities designed to assure that handicapped children continue their mainstream education and receive the required special services they need. The fact that many Head Start programs have initiated such service continuity activities without explanatory directives

1/ The nature of this study was descriptive. The study's major purpose was to collect information about the activities Head Start programs utilized to insure service continuity to handicapped children after their Head Start experience. Therefore, neither the quality of Head Start efforts nor the impact of their service continuity activities was examined.

from ACYF speaks well for Head Start's commitment to the handicapped effort. Such spontaneous response from local Head Start programs to a global service continuity directive clearly demonstrates Head Start's commitment to the future of handicapped children.

The following section summarizes information related to placement of handicapped children after Head Start and suggests specific recommendations which can enhance the effectiveness of Head Start service continuity activities.

PLACEMENT OF HANDICAPPED CHILDREN AFTER HEAD START

Head Start efforts to assure that handicapped children continue their mainstream experience and continue to receive required special services when they enter public schools, have been very effective. At least 124 handicapped children were enrolled in regular classrooms or programs with a mainstreaming component after Head Start. In 103 of these cases, however, there is no information to indicate whether regular class placement was appropriate and whether provisions for needed special services for these 103 handicapped children were made. Several recommendations related to this finding are highlighted in the following discussion.

RECOMMENDATION: ACYF SHOULD SPONSOR A LONGITUDINAL RESEARCH STUDY WHICH THOROUGHLY EXAMINES THE SUBSEQUENT PLACEMENT OF CHILDREN HEAD START IDENTIFIED AS HANDICAPPED. SUCH A RESEARCH STUDY WOULD PROVIDE INFORMATION WHICH WOULD DETERMINE EXACTLY WHAT HAPPENS TO CHILDREN ORIGINALLY IDENTIFIED BY HEAD START AS HANDICAPPED AS THEY PROGRESS THROUGH PUBLIC SCHOOLS/SERVICE AGENCIES.

Further research in the area of service continuity is needed to adequately identify variables which impact public school/service agency placement decisions for handicapped children.

An additional recommendation flows from the one above and this specifically relates to the dynamics of post-Head Start placement decisions. In order to insure continuity of services to handicapped children, local Head Start programs and public schools/service agencies should be consistent in defining parameters of appropriate

educational and related services for handicapped children. For example, the adoption by Head Start of LEA (local education agency) IEP (individual education plan) forms for developing service plans might facilitate the transfer of files and information between Head Start and the public schools.

RECOMMENDATION: HEAD START AND LOCAL SCHOOL DISTRICTS/SERVICE AGENCIES SHOULD WORK TOGETHER TO STANDARDIZE PROCESSES AND PROCEDURES USED IN THE IDENTIFICATION AND DIAGNOSIS OF CHILDREN AS HANDICAPPED. THESE PROCEDURES NEED TO BE FORMALIZED TO THE EXTENT THAT HANDICAPPED CHILDREN'S REQUIREMENTS CAN BE ADEQUATELY RECOGNIZED AND EFFECTIVELY COMMUNICATED ACROSS BOTH ORGANIZATIONS.

Coordination in this area would prevent duplication of effort in the diagnostic process as well as assure that the handicapped child continues to receive the needed special services as early as possible in his/her school career.

ACYF has already taken the initial steps necessary to facilitate such collaboration. At the Federal level ACYF has in conjunction with several other government agencies issued joint memoranda which support cooperation and collaboration at the local level between Head Start and other federally funded grantees. Additional emphasis could be given this area if Federal agencies would develop enabling objectives specifying systematic procedures which would foster cooperation between organizations at the local level. These objectives would define specific parameters for such interactions.

RECOMMENDATION: ACYF AND OTHER APPROPRIATE FEDERAL AGENCIES SHOULD JOINTLY DEVELOP ENABLING OBJECTIVES FOCUSED ON THE AREA OF INTER-AGENCY COOPERATION WITH RESPECT TO PROVIDING CONTINUITY OF SERVICES TO HANDICAPPED CHILDREN. IN ADDITION, ACYF SHOULD PROVIDE SPECIAL TRAINING AND TECHNICAL ASSISTANCE EFFORTS DESIGNED TO HELP LOCAL GRANTEES TRANSLATE ENABLING OBJECTIVES INTO PROCEDURAL PLANS.

A final recommendation in this area relates to budgetary considerations for the funding of special initiatives focused on service continuity. Implementation of this recommendation would highlight the issue of service continuity to local grantees.

RECOMMENDATION: ACYF SHOULD IDENTIFY SERVICE CONTINUITY AS A SPECIFIC LINE ITEM WITHIN PROGRAM ACCOUNT 26 FUNDING.

This action would stimulate local program awareness of the importance of this area relative to the handicapped effort. Head Start programs would then be specifically authorized to spend funds for the purpose of facilitating the transition of handicapped children to post-Head Start enrollments.

HEAD START ACTIVITIES WHICH PROVIDE INFORMATION TO NEW PROGRAM STAFF

Study findings indicate that Head Start programs have engaged in a wide variety of information sharing activities to facilitate continuity of services for handicapped children. The most active efforts of Head Start are evident in those cases where children were ultimately placed in specialized educational environments. As the child's school placement becomes more specialized, Head Start seems to take more responsibility and initiative in activities which ease the child's transition to the new placement. The effectiveness of Head Start activities in information sharing could be enhanced through the development and application of systematic procedures for all handicapped children leaving Head Start, rather than only those handicapped children placed in more specialized programs.

Communication and information sharing activities between agencies are time-consuming and require both commitment and a belief that results of such efforts will impact positively on the handicapped child. In order to assure the time spent in interagency coordination and information sharing with public schools/service agencies is maximally effective and efficient, Head Start must develop consistent, systematic procedures. The establishment of such linkages will foster communication between agencies and enable Head Start to maintain consistency in service continuity efforts for all handicapped children.

RECOMMENDATION: LOCAL HEAD START PROGRAMS SHOULD IMPLEMENT THE FOLLOWING ACTIVITIES DESIGNED TO FACILITATE THE DEVELOPMENT OF LONG-TERM LINKAGE NETWORKS BETWEEN HEAD START AND PUBLIC SCHOOLS/SERVICE AGENCIES:

- IDENTIFY A HEAD START STAFF MEMBER WHO IS ASSIGNED THE RESPONSIBILITY FOR INTER-AGENCY COMMUNICATION AND FOLLOW-UP TRANSITION ACTIVITIES SPECIFICALLY FOR HANDICAPPED CHILDREN (e.g., education/handicapped coordinator);
- SCHEDULE DEFINITE TIMES DURING EACH PROGRAM YEAR TO GENERATE REFERRALS AND CONDUCT PLACEMENT MEETINGS WITH PUBLIC SCHOOLS/SERVICE AGENCIES;
- DEVELOP CHANNELS FOR COMMUNICATION WITH ALL AGENCIES WHICH PROVIDE SERVICES TO THE HANDICAPPED CHILD IN HEAD START AND SPECIFIC PROCEDURES FOR THESE AGENCIES TO PROVIDE INFORMATION TO STAFF AT THE SUBSEQUENT PUBLIC SCHOOL OR PROGRAM;
- DEVELOP WRITTEN PROCEDURES AND DOCUMENTATION FOR FOLLOW-UP ACTIVITIES SO THE SAME PROCEDURES CAN BE APPLIED SYSTEMATICALLY FOR EACH HANDICAPPED CHILD DURING THE TRANSITION PHASE;
- DEVELOP AN INDIVIDUALIZED WRITTEN PLAN FOR TRANSITION ACTIVITIES, SPECIFYING ALL AGENCIES AND KEY INDIVIDUALS TO BE INVOLVED (THE FORMAT FOR THIS PLAN SHOULD BE STANDARDIZED);
- IDENTIFY KEY CONTACT PERSONS AT EACH AGENCY AND PUBLIC SCHOOL THROUGH WHICH ALL REFERRALS WILL FLOW;
- ASSURE THAT ALL PROFESSIONAL DIAGNOSTICIANS AND SERVICE PROVIDERS WHO ARE AFFILIATED WITH LOCAL PROGRAMS ARE ALSO COMMITTED TO PARTICIPATE IN DEBRIEFINGS WITH THE STAFF WHO WILL BE RECEIVING THE HANDICAPPED CHILD INTO HIS/HER POST-HEAD START PROGRAM; AND
- PROVIDE FOR MAXIMUM INVOLVEMENT OF PARENTS IN TRANSITION ACTIVITIES.

If Head Start programs introduce the specific suggestions delineated above in a systematic fashion, the service continuity linkages between Head Start and public schools/service agencies will be strengthened considerably. Through this professional interaction Head Start and public schools/service agencies will move toward a mutual understanding of commonly held ideas on helping handicapped children develop their highest potential through a coordinated system of delivery of special educational and related services.

With the handicapped child as the common denominator of concern between Head Start and public schools/service agencies, these

organizations can begin to transcend the present boundaries to better assure the handicapped child of continuity of educational and special services between his/her Head Start experience and the subsequent program placement.

With the advent of increased emphasis on education for all handicapped children and special provisions of P.L. 94-142, there is renewed need for cooperation among agencies and programs which serve handicapped children. If Head Start can improve interagency linkages with public schools/service agencies, Head Start will have an opportunity to be an operational model for State and Local Education Agencies in their efforts to utilize resources efficiently and provide quality services to handicapped pre-school children.

In order to accurately and thoroughly evaluate the nature and effectiveness of Head Start service continuity efforts both areas of quality and impact need to be investigated. To do this effectively, it is necessary to examine the nature and types of activities which are ongoing in public schools/service agencies with respect to the issue of service continuity for the handicapped. Without including this dimension of the service continuity process into a future study, there will be no frame of reference for evaluating quality and effectiveness of Head Start efforts.

RECOMMENDATION: ACYF SHOULD SPONSOR A RESEARCH STUDY WHICH FOCUSES ON EXAMINING TWO ASPECTS OF SERVICE CONTINUITY, ONE ASSESSING THE QUALITY AND EFFECTIVENESS OF HEAD START EFFORTS AND THE OTHER ASSESSING ACTIVITIES IN WHICH PUBLIC SCHOOLS/SERVICE AGENCIES ARE INVOLVED. THIS STUDY WOULD PROVIDE ACYF WITH USEFUL INFORMATION FOR POLICYMAKING PURPOSES.

This evaluation might well be combined with the longitudinal study of Head Start handicapped children that was suggested earlier in this chapter.

APPENDIX A

DISCUSSION OF SAMPLING STRATEGY

Phase I of The Evaluation
of Mainstreaming Handicapped
Children Into Project Head Start

Head Start Program Sample

The sample of Head Start programs was selected from the universe of approximately 1,600 full year grantees or delegate agencies[1] funded as of September 30, 1976. Grantees were stratified on the basis of the following two variables:

- urban/rural location[2]
- program enrollment (1-200, 201-400, 401-1000, over 1000)

Following assignment of the universe of grantees to one of eight possible cells,[3] 55 programs were randomly selected in proporation to their representation within these cells. An additional five programs were then randomly selected from a roster of Indian and migrant programs, yielding a total sample of 60 Head Start programs. However, data were only collected from 59 programs. At the time of data collection completion (June, 1977), one program had not yet identified any handicapped children and was excluded from the study.[4]

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[1] If a grantee funded a delegate agency, the grantee was included in the universe only if it operated a program independently of the delegate. Otherwise, only delegate agencies were considered for inclusion in the study universe.

[2] A program was considered to be an urban program if it was located within a Standard Metropolitan Statistical Area (SMSA) as defined by the Bureau of the Census. Generally, an SMSA is comprised of a central city and contiguous ring counties. Programs located outside of SMSAs were considered to be rural.

[3] Each sample cell represented a unique combination of program size and program location.

[4] The program excluded was a migrant program that had not yet begun operations in time for field staff to collect meaningful information concerning handicapped services.

Head Start Student Sample

As initially conceived, the sample of Head Start Children for the Phase I study was to include 280 individuals, 35 from each of the following handicapped classifications:

- Visually Impaired or Blind
- Hearing Impaired or Deaf
- Physically Handicapped
- Speech Impaired
- Health or Developmentally Impaired
- Mentally Retarded
- Seriously Emotionally Disturbed
- Specific Learning Disabilities

Each selected Head Start program was to forward a coded roster of its handicapped enrollees. This roster was to also indicate the enrollee's primary handicapping conditions. As lists were received, three children from each were to be selected at random and assigned to their respective classification. The balance of the children on these rosters was to be polled according to primary handicap regardless of program affiliation. A determination was then to be made of the total sample per handicap obtained after selection of three children from each of the programs. The children to make up the difference between these totals and the total of 35 required per condition were to be selected randomly from the balance of the program rosters.

However, Head Start programs did not compile their coded rosters as quickly as expected, and field activities were begun before all rosters were obtained. Therefore, children were systematically selected from rosters as soon as they were obtained. Although random selection of the study sample was not possible, it should be noted that all children were selected based only on the information provided on the coded rosters. Systematic selection was required in order to ensure that to the extent possible, 35 children were represented in each of the handicapping classifications indicated.

After potential sample participants were identified from the coded rosters, the Head Start programs were informed of the selections and asked to secure informed, written parental permission to allow children to be included in the study. Parents were overwhelmingly cooperative in this manner, although the final sample had to be modified in a few instances to accommodate parental requests not to have their children participate.

The limitations of the Phase I sample should be clearly understood. While Head Start programs were randomly chosen, individual children were not. Consequently, inference from the study sample to the larger universe of handicapped enrollees in Head Start must be approached cautiously. However, there is no reason to suspect the overall representativeness of the enrollee sample, and to that extent the findings and conclusions presented in this study must be assumed to validly reflect current efforts by Head Start to meet the needs of the handicapped.

APPENDIX B

CASE FOLLOWUP SCHEDULE PHASE II QUESTIONNAIRE

EVALUATION OF THE PROCESS OF
MAINSTREAMING HANDICAPPED CHILDREN
INTO HEAD START

APPLIED MANAGEMENT SCIENCES, INC.

PHASE II

CASE FOLLOWUP SCHEDULE

1. Grantee _____

2. Delegate Agency _____

3. Alternate Program _____

COLUMN

Program Code

1-5 | | | | | |

Child Code

6-11 | | | | | | |

Form Number

12-13 | 0 | 2 |

Respondent: _____

(Position/Title)

Program Name:

_____

_____

Interview Date ___/___/___

Interviewer _____

_____

CASE FOLLOW-UP SCHEDULE

21-22 = "01"

1. IS THIS CHILD STILL WITH YOUR PROGRAM?

23

2 no

1 yes → 1a. WHERE DID THE CHILD GO WHEN HE/SHE LEFT YOUR PROGRAM?

24-25

1 Public school (*Circle here if details of placement unknown*)

2 Regular classroom placement

3 Regular classroom - resource room assistance

4 Special class placement - self-contained classroom

5 Special class placement - mainstreaming

6 Entered a special program (*Other than public school*)

7 Was enrolled in an institution

8 Moved away from the area

9 Not enrolled in any program

10 Don't know

11 Other (*Specify*) _____

If any of these responses are chosen, do not answer question 1b.

26-27 ☐☐ _____

1b. DID ANYONE IN YOUR HEAD START CENTER REFER THIS CHILD TO THE NEW PROGRAM?

28

2 no

1 yes

2. WAS THE NEW PROGRAM GIVEN THE CHILD'S RECORDS AND FILES?

29

3 don't know

2 No

1 Yes

→ 2a. DID YOUR HEAD START CENTER VOLUNTEER THIS INFORMATION OR WERE YOU ASKED TO SEND IT?

30

3 don't know

2 were asked

1 volunteered

3. DID ANY HEAD START STAFF PEOPLE HAVE ANY CONFERENCES WITH THE CHILD'S NEW PROGRAM (TEACHER)?

31

3 don't know

2 no

1 yes

4. WAS ANYONE FROM THE CHILD'S NEW PROGRAM INVITED TO YOUR HEAD START CENTER TO OBSERVE THE CHILD DURING LAST YEAR'S SESSION?

32

3 don't know

2 no

1 yes

5. DID ANYONE ON THE HEAD START STAFF ASSIST THE PARENTS WITH THE CHILD'S NEW PLACEMENT?

33

3 don't know

2 no

1 yes

6. HAS ANYONE ON THE HEAD START CENTER STAFF FOLLOWED-UP THIS CHILD'S ADJUSTMENT TO THE NEW PROGRAM?

34

3 don't know

2 no

1 yes

7. WERE ANY ADDITIONAL PLANS MADE BY THE HEAD START CENTER STAFF TO EASE THIS CHILD'S TRANSITION?

35

3 don't know

2 no

1 yes

8. WAS THIS CHILD RECEIVING SERVICES RELATED TO HIS/HER HANDICAPPING CONDITION IN ADDITION TO THE BASIC EDUCATIONAL PROGRAM?

36

3 don't know

2 no

1 yes

→ 8a. DID ANYONE ON THE HEAD START CENTER STAFF COORDINATE A SHARING OF INFORMATION BETWEEN THE PROFESSIONALS WHO PROVIDED THE ADDITIONAL SERVICES AND THE CHILD'S NEW PROGRAM?

37

3 don't know

2 no

1 yes

APPENDIX C

DEFINITIONS OF POST-HEAD START PLACEMENTS

DEFINITIONS OF POST-HEAD START PLACEMENTS

Public School-Placement Unknown - The child is enrolled in a public school, but details of the placement are unavailable.

Regular Class with Resource Room Help - Child is assigned to a regular education classroom with support services provided by a special education teacher. Such support services may include remedial help in subject areas, help in behavior management, and/or classroom adjustment. The child spends a majority of his/her time in the regular class, and is scheduled daily or weekly to spend time in the resource room where the special education teacher works with him or her.

Special Class with Mainstreaming - The child is assigned to a special classroom with other handicapped children, but spends some of his/her time in a regular education classroom with non-handicapped peers.

Special Class-Self-Contained - Child is assigned fulltime to a special education classroom with handicapped peers. Classes of this type are usually separate from the regular education classes of an elementary school or are in an entirely separate building.

Special Program - The child is assigned to a self-contained class with other handicapped children within a special center. This special program is not under the auspices of the public school system.